1. PLACE OF BIRTH		BOARD OF HEALT	TH State File No
4430		RTIFICATE OF BIRTH	Registered No. 37
County Tila		Blato Priona	
District or Township		or Village	
City Globe	No Pr	in Common	
	(If bilth o	ecurred in a hospital or institution	St. Ward n, give its NAME instead of street and number)
2. Full name of child MAN	y Sanche		If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered in event of plu births.		L hen	7. Date of birth Fel. 13, 192
8. PAT	HER		Month Day Year
	•	Full maiden name,	MOTHER
Full name Bernardo.	Sancher	- Fun maiden name Ja	pe amador
9. Residence (Usual place of abode)	eno T.	15 Residence (Usual place of abode)	ere e
(Usual place of abode) If non-resident, give place and state, anyona		If non-resident, give	Holle, amona
10. Color or race		16 Color or race	place and state.
mexican 11. Ag	at last birthday 2-9 (Year		17. Age at last birthday (Years)
12. Birthplace (city or place)	hand	19 Dischalos (du	
(State or country)		18. Birthplace (city or pla	mexico
		(State or country)	
13. Occupation Nature of industry		19. Occupation	lansenies
Nature of manstry	muc	Nature of Industry //	The second second
20. Number of children of this moti	er. Thee) (a) Bon allow	and now living Two	91 Wass assessed to the same
(Taken as of time of birth of child leartified and including this child.)	erein (b) Born alive (c) Stillborn	but now dead one	21. Were precautions taken against oph- thalmia neonatorum?
I haraby consists that I attached a the	CERTIFICATE OF ATTENDED	NG PHYSICIAN OR MIDWIF	
I hereby certify that I attended the		(Born alive or stillbown.)	t 140 fm. on the date above stated
* When there was no attending plor midwife, then the father, house efc., should make this return. A s	holder Signature	J. C. Harpe	
child is one that neither breati shows other evidence of life after	ies nor J	plus	e de la companya de La companya de la co
Given name added from a supplemental report	Address	Hole a	(Physician or midwife).
Month,	day, year	2-28 27	DA SV March
	Registrar Filed		Registrar

429-213-319

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